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**\*\* CONTINUING DATA \*\*\*\*\***  
*none atm*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 GERMANY 10236038.3 08/06/2002  
 GERMANY 10309368.0 03/03/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/29/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>atm</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
22852

**TITLE**  
Pharmaceutical preparation with RNA as hemostasis cofactor

<b>FILING FEE RECEIVED</b> 1244	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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